Revised 06/05

HOW MIETHIES AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

2008 APR 21 AM II: 36 Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filled within 20 days of receipt of the gift, bequest, or grant.

FO	RM	-G	B	G
FO	RM	-G	В	C

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

r office use only

DEPARTMENT OR OFFICE RECEIVING THE GI	iFT,	BEQUEST,	OR	GRANT
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Iowa Department of Agriculture and	Land Stewardship	
Name of Department or Office 502 East 9th	Des Moines, 1A 50319	
Mailing Address 515-281-9611	City, State, Zip Code	
Area Code & Telephone No.	The second section	

	SON FOR F		

Erinn Sprouse Name
Same Mailing Address (if different from above) City, State, Zip (if different from above)
Maining Address (ii different from above)
Erinn.sprouse@iowaagricusture.gov Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

USDA		inger Til skylliger og skylliger		
Name				
. Western Region/2150 Centre Avenue, Bklg B			\$ 255 550 00	
Mailing Address	City, State, Zip Code	04/11/2008	\$ 355,760.00	
970-494-7400		Date of Gift, Bequest, or Grant	Amount/Value*	
Area Code & Telephone Number		*value is defined as "fair market va receiving department or office. If n	lue" of item as determined by to value mark "0.00".	
Email Addres s (optional)				=

Provide a description of the gift, bequest, or grant and purpose thereof:

Cooperative Agreement for testing meat juice samples for Pseudorabies as part of the Market Swine Surveillance program.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

[. Erinn Sprouse ____affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Gum a. Sprawe

4-21-08 Date